

**North Carolina Department of Transportation
Application for Bicycle and Pedestrian Planning Grant Funds
2010 Call for Proposals**

Submittal Deadline is December 4, 2009

Applicant Information			FOR NCDOT USE ONLY Proposal eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Municipality:		Population	County	NCDOT Division
Total Cost for Plan Development: \$	NCDOT Planning Funds Requested: \$		Local Match: \$	
Municipality agrees to enter into a reimbursement agreement with NCDOT: <input type="checkbox"/> Yes <input type="checkbox"/> No			Municipality is member of: <input type="checkbox"/> MPO <input type="checkbox"/> RPO <input type="checkbox"/> neither	
Department applying for grant:				
Contact Person:	Title:		Work Phone Number:	
Work Fax Number:	E-mail Address:			
Mailing Address:	City:	State:	Zip Code:	

I certify that the City/Town of _____, in applying for Bicycle or Pedestrian Planning Grant funds, attests a commitment to the plan's development, management, financing and completion within 15 months from receipt of a Notice to Proceed from NCDOT, and that the completed plan will be submitted to the City/Town Council or other approving authority for adoption.

Signature*

Title

Name (printed)

Date

Eligibility Criteria	
Plan Category – Check only one category <input type="checkbox"/> Bicycle Plan <input type="checkbox"/> Pedestrian Plan	
Due to limited planning grant funds, municipalities may apply for funding to undertake either a bicycle plan or a pedestrian plan in any given fiscal year. Please indicate the type of plan for which you are submitting <u>this</u> application.	
Has the City/Town Council passed a resolution supporting this application?	<input type="checkbox"/> Yes, attached <input type="checkbox"/> Pending** _____ Date anticipated
For municipalities within a Metropolitan Planning Organization (MPO), has the MPO passed a resolution supporting this application?	<input type="checkbox"/> Yes, attached <input type="checkbox"/> Pending** _____ Date anticipated
For municipalities within a Rural Planning Organizations (RPO), has the RPO passed a resolution supporting this application?	<input type="checkbox"/> Yes, attached <input type="checkbox"/> Pending** _____ Date anticipated

***THE SIGNATURE OF AN AUTHORIZED STAFF PERSON (I.E. CITY/TOWN MANAGER, ADMINISTRATOR, ETC.) IS REQUIRED FOR PROPOSAL TO BE ELIGIBLE.**

****A RESOLUTION BY THE APPROPRIATE MUNICIPAL GOVERNING BODY AND BY THE MPO, IF APPLICABLE, MUST ACCOMPANY THE APPLICATION, OR MUST BE SUBMITTED PRIOR TO DECEMBER 31, 2009 TO BE ELIGIBLE FOR FUNDING. RPO RESOLUTION, IF APPLICABLE, IS HIGHLY ENCOURAGED. PLEASE INDICATE THE DATE YOU ANTICIPATE RECEIVING A PENDING RESOLUTION.**

*****APPLICANTS WILL NOT BE REWARDED BY THE REVIEW COMMITTEE'S SCORING FOR REQUESTING A FUNDING AMOUNT THAT IS LESS THAN THE MAXIMUM AMOUNT ALLOWED FOR THE PARTICULAR POPULATION CATEGORY OF THE APPLYING MUNICIPALITY.**

Narrative Description

Please limit descriptions to space provided

1) Please describe the vision and goals for your municipality related to improving bicycle **OR** pedestrian transportation. Be sure your goals are realistic and measurable. Refer to any plans adopted within the last five (5) years that support this vision (may include comprehensive plan, land use plan, transportation plan, etc). Note that the vision and goals for your community need to be focused upon transportation and not solely upon recreation.

2) Describe your municipality, including demographic information and the physical setting. Explain how the demographics and physical setting of your municipality support the need for a pedestrian or bicycle plan. Highlight any special features (e.g. resort community, college town, etc.), high-use bicycle **OR** pedestrian areas and areas with a high incidence of bicycle crashes **OR** pedestrian crashes. Identify and describe any special user populations or areas deserving special focus.

3) Provide an overview of the current bicycling **OR** pedestrian transportation system, including an assessment of strengths and weaknesses of the system. Describe facilities currently in place or planned for completion in the next two years (e.g. designated bicycle route system, miles of off-road paths, extent of sidewalk network, etc.) as well as potential barriers that inhibit developing the system. Please enclose any relevant documents or maps, or provide links to on-line materials.

4) Describe any bicycle and/or pedestrian education, enforcement or encouragement programs and initiatives underway or planned. List any key issues that have been identified, such as safety, health and well-being, connectivity, etc. Describe what value programs or initiatives of this kind would bring to your community.

Municipality Name: _____

5) Provide a brief description of any municipal bicycle planning and/or pedestrian planning activities that are currently underway or have been undertaken in the past (list years). List may include bicycle, pedestrian, or greenway elements in any municipal, county or regional planning documents. Describe what value bicycle planning or pedestrian planning bring to a municipality. Please enclose any relevant documents or maps, or provide links to on-line materials. Describe the results of these planning efforts in terms of improvements in bicycle and/or pedestrian facilities, accessibility, and/or safety.

6) Describe how the development of a comprehensive bicycle transportation **OR** pedestrian transportation plan will benefit your municipality and meet the needs of diverse populations (residents and, where appropriate, students and/or visitors).

Municipality Name: _____

7) List the name and title/position of the municipal staff person responsible for project oversight. Please note that this person **must** be a full-time permanent employee of the municipality. Also list any others who will have involvement in plan development and their experience. Please describe any prior experience these individuals have in the preparation and/or implementation of a bicycle plan and/or a pedestrian plan or other transportation/community planning efforts and include copies or links to relevant documents. Provide resumes/qualifications for each individual listed, including the overseeing staff person.

8) Describe how your plan will be developed, specifying whether the work will be done through the services of a paid consultant (indicating whether you have decided yet to hire a private consultant or a COG), a combination of municipal staff and consultant, or through some other process. Briefly describe how duties and tasks will be divided. Indicate how MPO or RPO staff and resources may be utilized.

9) Indicate the level of support from elected officials and municipal decision-makers for bicycle and/or pedestrian programs and projects. Describe what elected officials, municipal decision-makers, representatives of other agencies, interest groups, commissions and boards, individuals and other stakeholders have done to support bicycle and/or pedestrian programs and projects in the past. Describe how they or others will be involved in development of this plan. List any existing bicycle, pedestrian, greenway, open space or other relevant committees and task forces in your area that are charged with addressing bicycle issues and/or pedestrian issues. Provide letters of support, if available. Describe what kind of citizen participation will be sought. Describe the benefits of networking with and involving stakeholders and/or appointing a steering committee.

10) Describe how your community will implement the programs, policies, projects and initiatives identified and prioritized in the plan. Indicate what municipal, regional, state or federal resources may be sought. List any departments, agencies, organizations or other partners that may be involved. Attach letters of support, if available.

Municipality Name: _____

List activities involved in developing the plan and provide a Plan Development Schedule, beginning with NCDOT notification of grant award, scheduled for June 2010. Note whether the task will be undertaken by staff, consultant, or both. Please state when municipality anticipates executing the Municipal Reimbursement Agreement, entering a contract with a consultant, and receiving the Notice to Proceed. Note that certain items must be received from the grantee, in order that the Notice to Proceed may be issued within the 6 months of the day of the award notification. The items that must be submitted to NCDOT include: 1) Executed Municipal Reimbursement Agreement 2) Executed contract between municipality and consultant; and 3) Listing of steering committee members. List activities by quarter. The municipality will have 18 months to complete the plan, from the date that the MRA is executed. Please be sure that your schedule is a planning schedule and not a construction schedule.

June to September 2010

October to December 2010

January to March 2011

(Plan development activities, continued from previous page)

April to June 2011

July to September 2011

October to December 2011

Municipality Name: _____

Project Cost Information

Total Project Cost*: \$	Total NCDOT Planning Funds Requested: \$	Total Local Match Committed: \$	Source(s) and Amount(s) of Local Matching Funds (list all applicable):
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*Municipalities awarded a grant will be required to submit a detailed budget including a breakdown of allowable costs. Staff time is not an allowable cost, nor can it be considered as an in-kind contribution for matching funds.

Attachments

Required:	Optional (if information is available on-line, please list link):
<input type="checkbox"/> Municipal Resolution <input type="checkbox"/> MPO Resolution (if applicable) <input type="checkbox"/> RPO Resolution (if applicable) <input type="checkbox"/> Resume(s) of overseeing staff and other individuals _____ attached <input type="checkbox"/> Map of Municipality	<input type="checkbox"/> Letters of Support _____ attached or were sent <input type="checkbox"/> Copies of previous plans (summaries and/or web links preferred) <input type="checkbox"/> Other Maps <input type="checkbox"/> Other (please identify): <input type="checkbox"/> Other (please identify): <input type="checkbox"/> Other (please identify):

Preparer Information

Please provide information on the primary person who prepared this application and indicate the municipal department, local agency, consulting firm, or other organization with which they are affiliated.

Agency/Consulting Firm/Organization: _____

Name of Preparer:	Title:	Work Phone Number:
Work Fax Number:	E-mail Address:	
Mailing Address:	City:	State:
		Zip Code:

Submittal Information

<p>For more detailed information on completing the application please see the Step-by-Step Instructions online at www.ncdot.org/transit/bicycle/safety/programs_initiatives/Planning_Grant/application.html.</p> <p>Please mail one original and nine copies of the completed application, including attachments, to the NCDOT Division of Bicycle and Pedestrian Transportation at the address to the right.</p> <p>Double-sided copies are acceptable.</p> <p>Applications will be accepted no later than 5:00 pm on December 4, 2009.</p>	<p>Mailing Address: Helen Chaney NCDOT Division of Bicycle and Pedestrian Transportation 1552 Mail Service Center Raleigh, NC 27699-1552</p>
	<p>Delivery Address: Helen Chaney NCDOT Division of Bicycle and Pedestrian Transportation Suite 250 401 Oberlin Road Raleigh, NC 27605</p>

